PATENT	APPLICATION	FEE DI	ETERMINATION	RECORD
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Effective October 1, 2000

09/10/870

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
(Column 1)			(Column 2)			TYPE		OR	SMALL			
TOTAL CLAIMS							RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2 minus 20= *		* [* 1		X\$ 9=		OR	X\$18=	18
INDEPENDENT CLAIMS 5				nus 3 =	us 3 =			X40=		OR	X80=	160
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "				r "0" in c	olumn 2	L	ΓΟΤΑL		OR	TOTAL	888	
CLAIMS AS AMENDED - PART II							•			OTHER		
(Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	<u> </u> =	1015	X40=		OR	X80=	
_	THOTTHESE	NATION OF W	OETH CE DEI	LIVER	I OLAIW	ا المل	' .	+135=		OR	+270=	
							<u> </u>	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	AD	DIT. FEE			ADDIT. FEET	
	4	CLAIMS			HEST	(Column o)	1 —	1	ADDI			ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	T CL AIM	=	\prod	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							¹	+135=		OR	+270=	
							Δ.	TOTAL		OR	TOTAL ADDIT, FEE	
ADDIT. FEE (Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	. .	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					」 ├	405			070		
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+135=		OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												